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PTO/SB/05 (05-03)

Approved for use through 10/31/2002. OMB 0651-0032

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10/644345  
08/20/03

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. 7942-000004

First Inventor Robert Dyrdek

Title HEATED SIDE WINDOW GLASS

Express Mail Label No. EL 741 092 031 US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

- Fee Transmittal Form (e.g., PTO/SB/17)  
*(Submit an original and a duplicate for fee processing)*
- Applicant claims small entity status.  
See 37 CFR 1.27.
- Specification [Total Pages 18]
  - Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (*if filed*)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
- Drawing(s) (35 U.S.C.113) [Total Sheets 1 ]
- Oath or Declaration [Total Pages 2 ]
  - a.  Newly executed (original or copy)
  - b.  Copy from a prior application (37 CFR 1.63 (d))  
*(for a continuation/divisional with Box 18 completed)*
  - i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
- Application Data Sheet. See 37 CFR 1.76

ADDRESS TO:  
Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

7.  CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (*if applicable, all necessary*)
  - a.  Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i.  CD-ROM or CD-R (2 copies); or
    - ii.  paper
  - c.  Statements verifying identity of above copies

## ACCOMPANYING APPLICATIONS PARTS

9.  Assignment Papers (cover sheet & document(s))
10.  37 C.F.R. §3.73(b) Statement  Power of Attorney (*when there is an assignee*)
11.  English Translation Document (*if applicable*)
12.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations
13.  Preliminary Amendment
14.  Return Receipt Postcard (MPEP 503)  
*(Should be specifically itemized)*
15.  Certified Copy of Priority Document(s) (*if foreign priority is claimed*)
16.  Request and Non Publication under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17.  Other: \_\_\_\_\_

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

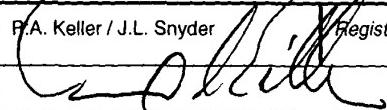
Continuation  Divisional  Continuation-in-part (CIP) of prior application No: \_\_\_\_\_ / \_\_\_\_\_  
Prior application information: Examiner \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 17. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	27572	or <input type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)
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Name	Harness, Dickey & Pierce, P.L.C.				
Address	P.O. Box 828				
City	Bloomfield Hills	State	MI	Zip Code	48303
Country	United States of America	Telephone	248-641-1600	Fax	248-641-0270

Name (Print/Type)	P.A. Keller / J.L. Snyder	Registration No. (Attorney/Agent)	29,752 / 43,141	
Signature			Date	8/20/03

140-2  
8/20/03  
PTO

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# FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 790)

Complete if Known	
Application Number	Unknown
Filing Date	Herewith
First Named Inventor	Robert Dyrdek
Examiner Name	Unknown
Group / Art Unit	Unknown
Attorney Docket No.	7942-000004

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)											
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account: Deposit Account Number 08-0750  Deposit Account Name Harness, Dickey & Pierce, P.L.C.				<b>3. ADDITIONAL FEES</b> <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> </thead> <tbody> <tr> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Description</td> <td>Fee Paid</td> </tr> </tbody> </table> <p>The Commissioner is authorized to: (check all that apply)</p> <p><input type="checkbox"/> Charge fee(s) indicated below   <input checked="" type="checkbox"/> Credit any overpayments  <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application  <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</p>				Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
Large Entity	Small Entity														
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid										
FEE CALCULATION															
1. BASIC FILING FEE															
Large Entity	Small Entity														
Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee (\$)	Fee Description											
1001	750	2001	375	Utility filing fee											
1002	330	2002	165	Design filing fee											
1003	520	2003	260	Plant filing fee											
1004	750	2004	375	Reissue filing fee											
1005	160	2005	80	Provisional filing fee											
<b>SUBTOTAL (1)</b> (\$ 750)															
2. EXTRA CLAIM FEES															
Total Claims	18	-20 **	= 0	Extra Claims	Fee from below	Fee Paid									
Independent Claims	3	-3 **	= 0	X	= 0										
Multiple Dependent			X		= 0										
Large Entity	Small Entity														
Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee (\$)	Fee Description											
1202	18	2202	9	Claims in excess of 20											
1201	84	2201	42	Independent claims in excess of 3											
1203	280	2203	140	Multiple dependent claim, if not paid											
1204	84	2204	42	** Reissue independent claims over original patent											
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent											
<b>SUBTOTAL (2)</b> (\$ 0)															
Other fee (specify) _____															
*Reduced by Basic Filing Fee Paid				<b>SUBTOTAL (3)</b> (\$ 40)											

\*\*or number previously paid, if greater; For Reissues, see above

SUBMITTED BY						Complete (if applicable)
Name (Print/Type)	P.A. Keller / J.L. Snyder	Registration No./Attorney/Agent)	29,752 / 43,141	Telephone	248 641-1600	
Signature				Date	8/20/03	

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